

TRUST BOARD MEETING
Held on Thursday 26 June 2014 at 9.30 am
Lecture Theatre, Education Centre,
Princess Royal Hospital

PUBLIC SESSION MINUTES

Present:	Mr P Latchford Mrs D Leeding Mr B Newman Dr S Walford Mr P Herring Mrs S Bloomfield Dr E Borman Mrs D Kadum Mr N Nisbet	Chair Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED) Chief Executive (CEO) Director of Nursing and Quality (DNQ) Medical Director (MD) Chief Operating Officer (COO) Finance Director (FD)
	Mrs J Clarke	Director of Corporate Governance/Company Secretary (DCG)
In attendance	Miss V Maher Mrs D Vogler Mr A Osborne Ms P Gibb	Workforce Director (WD) Director of Business & Enterprise (DBE) Communications Director (CD) Trust Advisor (TA)
Meeting Secretary	Mrs S Matthey	Committee Secretary
Apologies:	Dr R Hooper Mr H Darbhanga Mr D Jones	Non Executive Director (NED) Non Executive Director (NED) Non Executive Director (NED)

2014.1/096 **WELCOME:** The Chair welcomed everyone and reminded members that it is a meeting in public rather than a public meeting; questions could be asked at the end.

The Chair also welcomed Ms Polly Gibb to the meeting as Trust Advisor.

The Chairman advised that the main areas of focus on the agenda would relate to:

- Presentation of Diagnostics (to include Radiology & Pathology)
- Clinical model for FutureFit
- Cancer performance
- Financial performance
- Draft 5 year Business Plan Submission (Private session of Board meeting for Public session later in year when finalised)

2014.1/097 **CHAIR'S AWARD**

The Finance Director presented this month's Chair's Award to Maurice Jones, a Porter from the Mail Room at the Princess Royal Hospital, who was hailed by colleagues for the pride he takes in his work, his helpfulness and his positive attitude.

The following glowing comments received from colleagues were shared:

"Maurice sums up all the Trust's values. He always carries out his job with pride and is so helpful, and if you

ask him for anything he makes it happen if he is able.

"He is respectful to everyone and ensures that the mail room at PRH runs as smoothly as possible. He goes above and beyond in his role and knows most staff in the hospital by name.

"He always does his job with a smile and will help anyone he can, whether they be a patient, carer or member of staff.

"His hard work, positive attitude, contribution to his team and other teams around the hospital, and the patients should be commended. People like Maurice make the Trust a better place."

The members were informed that Mr Jones is clearly someone who is Proud To Care and who Makes It Happen, mirroring the Trust's Values, and it was with great pleasure that he was commended for the Chair's Award.

2014.1/098

PATIENT'S STORY

The Director of Nursing & Quality welcomed Mrs Mel Downes and her daughter, Natasha Downes, who was diagnosed with juvenile idiopathic arthritis in 2007 at the age of 2 1/2. Like many people who suffer from arthritis, her joints were often swollen and painful which made everyday tasks difficult to complete.

Natasha was referred to the Princess Royal Hospital, under the care of Dr Brough, and in the last seven years, since her diagnosis, Natasha has been through four lots of separate joint injections, several courses of medication and numerous hospital visits. She is currently receiving weekly injections of Etanercept through the Hospital at Home care team.

Hospital at Home was introduced to the family in June 2008 as part of Natasha's treatment plan. Sister Carol Drake has been the family's main point of contact as Natasha's designated nurse. Sr Drake visits the family at home every week to administer Natasha's injection and over the past 5 years she has got to know Natasha and the family very well. Prior to Hospital at Home, Mel and Natasha were required to attend the hospital every week, sometimes twice a week, which was physically demanding and a mentally tough task.

Initially, the weekly visit from Hospital at home staff was a challenge. Natasha did not like having to undergo her weekly injection and monthly blood tests but slowly over a number of months this has changed. By receiving visits from the same member of staff, who is caring and interacts with both Natasha and other family members, building bonds and friendship, this has broken down a number of barriers.

Mrs Downes feels the "Hospital at Home team and the associated nurses are one of the many unsung heroes of the NHS; the job they do is extremely important in maintaining a child's life balance. It makes life easier for parents through their support and encouragement but more importantly Natasha has a relationship with someone who she trusts and respects who appreciates her needs and requirements. It is a very much appreciated service".

The Chair thanked Mrs Downes and her daughter Natasha for sharing their positive story and highlighted the importance of staff members, along with the Hospital at Home service as it is a designated point of contact, and clear communication.

2014.1/099

DECLARATIONS OF INTERESTS

The Interests register had been updated as Dr Borman is no longer an Ordinary Shareholder of F&C Asset Management.

The Chief Executive asked for the register to be amended to reflect that he is a Member of the *Shropshire University Board*; rather than the Shropshire Advisory Board. **Action: Committee Secretary**

There were no interests declared in relation to any matters on the agenda.

2014.1/100 MINUTES OF THE MEETING HELD IN PUBLIC on 29 May 2014 & 5 June 2014 (Special Board) were APPROVED

2014.1/101	MATTERS ARISING FROM THE FORMAL BOARD MEETING HELD ON 29 May 2014
2014.1/010	Integrated Performance Report To develop Board reporting so all papers include performance, quality, finance and workforce issues in a more integrated approach. Due: June Board Development Session. On agenda. Item completed.
2014.1/024	Winter Planning for Emergency Services Formal review of Health Economy. Action: COO Due: 26 June 2014. On agenda (included in IPR). Item completed
2014.1/053	People Strategy WD and Head of OD to present on workforce transformation. Action: WD Due: 31 July 2014
2014.1/067	Risk Adjusted Mortality Index (RAMI) Consultant related outcome performance to be included in new integrated approach IPR Report Action: MD Due: 26 June 2014. On agenda (included in IPR). Item completed
2014.1/081	Declaration of Interests To update and present to June Trust Board. Action: DCG On agenda. Item completed.
2014.1/085	CEO Overview CHKS Top 40 Hospitals Award To receive award during June Trust Board. Action: CEO On agenda. Item completed. Financial Performance Chair and CEO to identify maintenance of trajectory and getting staff psychology right. Action: Chair / CEO Due: July 2014
2014.1/088	Quality Account 2013/14 To update the Quality Account with information relating to KPIs, statistics, benchmarking, patient experience. Action: ADNQ Due: 30 June 2014 Item completed and units of measurement will be discussed at the July Quality & Safety Committee. Item completed.
2014.1/089	IPR – Finance To approach Internal Audit to look at the Trust's processes in relation to pay controls. Action: Finance Committee Chair Due: 26 June 2014. Internal Audit have met with COO and DNQ. Item completed.

2014.1/102 FORWARD PLAN for the period 26 June to 11 September 2014 (AGM) was **RECEIVED**.

2014.1/103 CHKS TOP 40 HOSPITALS AWARD

For the second year running the Trust has been successful in achieving the CHKS Top 40 Hospitals Award; this relates to clinical efficiency and effectiveness and puts the Trust in a higher bracket of Trust's nationally. It was noted that this Award represents some of the real improvements made over the past 12 months and was a really positive direction of travel for the organisation.

The Award was presented to the Chief Executive by Heather Walker and Jill Krynicki from CHKS. Additional documentation was also passed to the Director of Corporate Governance as there are other awards that may be of interest to the Trust. **Action: DCG to circulate to Board members**

2014.1/104 CHIEF EXECUTIVE'S OVERVIEW:

Future Configuration of Hospital Services (FCHS) Update

The Trust is 15 weeks away from the transfer of Women & Children's Services from the RSH site to the PRH site. Implementation plans for the development remains on target and the refurbishment of Wards 12 & 14 is ongoing and remains on course for completion on 10 September. Work will commence on the Children's Assessment Unit at RSH during July.

Financial Performance

18 week Waiting List Targets

The Commissioners have agreed an additional allocation of £1.4m to SATH to support the delivery of 18 week waiting list targets.

Winter Funding

The Commissioners have been allocated approximately £3m for 2014/15 Winter pressures; this accrues to £1m less than the 2013/14 allocation.

Capital Funding

Additional capital funding has become available nationally to improve the revenue position; the Trust has submitted a bid to address some infrastructure modernisation issues in relation to backlog maintenance and capital equipment and the CEO is awaiting a response.

The Chair reported that the Trust has run a capital deficit over a number of years; this has been highlighted to the TDA who have recognised the positive impact if the Trust were successful in receiving the allocation.

Increasing Activity Levels in A&E

The members discussed concerns with the increase in levels of activity of both A&E attendances and non elective emergency admissions which has grown by 8% in the first 2 months of the financial year; this has resulted in a significant loss financially. Discussions were taking place to look at alternative options including ambulatory care models, hospital without walls approach and internal improvements, which were described in the Integrated Performance Report.

2014.1/105

CLINICAL SERVICE STRATEGY UPDATES :

Diagnostics – Radiology - Presentation from Dr David Hinwood, Radiology Care Group Medical Director. A copy of the PowerPoint slide is **available in the Information Pack.**

Dr Hinwood provided a presentation regarding the Radiology Clinical Service Review, which has been completed in conjunction with the Radiology Business Manager.

The presentation highlighted the following achievements within Radiology over the last 12 months:

- Service Delivery
- Maintained 6 week target for routine examinations in all modalities
- Prior to 2008 there were no targets; investment was made during 2008 and SATH has achieved the 2 week target for urgent examinations
- Breast screening quality standards are also being met
- The Radiology Business Manager has undertaken a lot of work with Radiographers and has achieved 7 day working

The presentation also highlighted the following challenges:

- A replacement programme has been produced for ageing equipment
- Workforce demographics (an ageing workforce)
- There has been an increase in demand for CT/MRI scanning (12% pa for CT and 3-5% pa for MRI)

And the following priorities:

- Maximise income to support equipment replacement through managed equipment service (MES)
- Increased direct access referrals
- Unbundling of radiology tariff from outpatient tariff
- Service line reporting

- A comprehensive workforce review continues; and
- A skillmix review of every replacement post is undertaken
- A 4-tier workforce now exists and consists of practitioners and advanced roles
- Succession planning
- Detailed demand & capacity review
- To include opportunities from future reconfiguration

Dr Hinwood reported the difficulties that are faced with providing the service across both sites; discussions have been held with the Community Trust to explore ultrasound scanning within the community. The members also discussed the opportunity of digital radiology; Dr Hinwood reported that there is opportunity for this technology which has reduced dramatically in cost in recent years.

Dr Walford (NED) queried the capital risk and cost to the Trust. Dr Hinwood reported that for FutureFit purposes, plans have been completed to identify equipment required and it is envisaged that 3 CT scanners will be required (1 in Emergency Department and 2 in Diagnostics and Treatment Centre). The life expectancy of equipment was discussed as follows:

- Ultrasound scanners – replace after 5 years
- CT scanners – replace after 7/8 years
- General X-ray rooms – replace equipment after 10 years

This will be supported through a managed equipment service

The CEO reported that the Trust has submitted a bid for capital funding; although this would not support the proposed managed service option, it could otherwise be utilised for equipment.

The Chair thanked Dr Hinwood for providing this presentation.

Diagnostics – Pathology – Presentation from Dr Archie Malcolm, Pathology Care Group Medical Director. A copy of the PowerPoint slide is **available in the Information Pack.**

Professor Malcolm provided an overview of the Trust's recent Pathology Service reconfiguration following the Independent Review of NHS Pathology Services, chaired by Lord Carter of Coles, which commenced in 2005. The Midlands were advised to have 4 or 5 Pathology units. During 2012, the Trust operated a joint service with Walsall, however this ended during 2013 and SATH became a standalone unit.

In the last 12 months (since June 2013), the Pathology Service has:

- Secured community pathology workload in SATH (Established joint Pathology Board with CCGs)
- Moved gynae cytology to UHNS
- Moved non-gynae cytology from PRH to RSH
- Moved microbiology from PRH to RSH (in partnership with Blood Bikes)
- Implemented new skill mix in all laboratories; this was required for the cost improvement and savings plan and to provide GPs with funding to retain the service

Markers of Quality:

Professor Malcolm reported that the Pathology Service is probably one of the most inspected and regulated services within the whole organisation and the following inspections and accreditations have taken place within the last 12 months:

- Clinical Pathology Accreditation surveillance inspections in:
 - Blood sciences – November 2013
 - Microbiology – February 2014

- Cellular Pathology – April 2014
- MHRA (Medicines and Healthcare Regulatory Agency)
- HTA (Human Tissue Authority) – March 2014
- EQA (Internal & External Quality Assurance)

Challenges include:

- Lack of automation in Microbiology; this will be investigated
- Loss of technical skills in Cytology; a new team is being built
- Out of hours cover for Blood Sciences; highly skilled trained staff are required which is expensive but this is being addressed in a variety of ways.

Professor Malcolm highlighted that a number of staff have encountered a loss of income to their basic salary (if downgraded due to service reconfiguration) and may also encounter a loss in remuneration due to changes to the On-Call Policy, but this has been necessary to provide cost improvements.

Future of the Pathology Service:

- To maintain a high quality, responsive service
- Further consolidation of Blood Sciences
- Automation refresh - £1.2m procurement project; the members agreed the importance of procurement and obtaining the right equipment
- Retain provision of community pathology
- Automation in Microbiology
- Role of Cellular Pathology in improving SATH performance in cancer standards

FutureFit – Pathology support:

- A single Emergency Department with blood sciences on-site
- Urgent Care Centres:
 - Good non-patient transport to main laboratory
 - Development of Point of Care Testing (POCT) strategy
 - IT links to ensure single patient record
- Centralised Microbiology and Cellular Pathology services, that can be undertaken anywhere

Overall, Professor Malcolm highlighted that the issues of greatest concern relate to:

- Maintaining an out of hours service for blood sciences (contingency plans are in place)
- The provision of a cellular pathology service (currently have insufficient consultants to turn-around specimens in a timely manner). In the short-term, a contingency plan is in place to minimise this risk however this is not sustainable. The COO and Pathology management team have a meeting scheduled to take this forward. In the longer-term (6-9 months) a business case will be submitted for two consultant histopathologists.

The COO informed Professor Malcolm of the bid that the Trust has been asked to submit for additional capital funding; and as the Trust was given just 24 hours, a bid for automated microbiology has been submitted.

The Board thanked the Care Group Medical Director's for their presentations and highlighted that in order for the Board to make informed decisions it was important that going forward clinical service strategies were firmly underpinned by clear financial and business information. .

Clinical Model - Presentation from Dr Edwin Borman, Trust Medical Director. A copy of the PowerPoint slide is available in the Information Pack.

The presentation was provided to the FutureFit Programme Board meeting held on 10 June and highlights a shift in healthcare over the next 25 years by integrating hospital care and care at home. By bringing the workforce together, rather than having different cultures over 2 sites, this will secure a sustainable workforce and financial situation.

The presentation provided detail relating to:

- Acute & Episodic Care – One Emergency Centre to serve the County as a whole, and some Urgent Care Centres
- Planned Care – One Diagnosis & Treatment Centre and Assessment, Diagnostics and follow up closer to home
- Long Term Conditions & Frailty – Health Hub/Community Beds

The Medical Director highlighted that various attempts to integrate services have failed in previous years, but the Trust currently carries a financial burden by not delivering targets and there is a clinical sustainability issue so this needs to be delivered.

The Medical Director reported that the hospitals' clinicians have worked together and been kept informed throughout the developments of the FutureFit programme; GPs have also held engagement seminars and been very supportive.

The clinical model of FutureFit will be shaped over the next 6 months and will go out to public consultation during June 2015. Public meetings and patient focus group meetings have already been held.

Dr Walford (NED) highlighted the safety of patients in mid-Wales and enquired if they have had a voice in the developments of FutureFit. The CEO reported that the Powys Health Board are integrally involved in the FutureFit Programme Board and continue to contribute to the programme structure.

The CEO informed the members that the new clinical model and the clinical need will drive the solutions, but this will also need to be affordable.

A member of the public highlighted the importance of patient choice and relayed a story of a lady from North Shropshire who was required to attend Bridgnorth for minor surgery. The members were informed that patient choice has been one of the main issues evaluated throughout the design of the future model, and the importance of the distribution of care around the county.

Following discussion, the Board **APPROVED** the Clinical Model of Care

There was also discussion of the proposed process and timetable for identifying the range of options available to deliver the model and to select the shortlist of options through workshops with key stakeholders to develop a provisional shortlist for sign-off by the Programme Board in October 2014, so further development of the options can take place prior to public consultation. The proposed process aligned with national guidance. The shortlist criteria included key non-financial appraisals to deliver the objective of 'the best model of care for excellent and sustainable acute and community hospital services that meet the needs of the urban and rural communities in Shropshire, Telford and Wrekin, and Mid Wales'.

The Board **APPROVED** the proposed process and timetable for identifying the range of options available to deliver the model and selecting the shortlist of options for further development.

On a separate note, the Medical Director reported that he recently had the pleasure of meeting fifteen enthusiastic candidates for the Trust's paediatric positions within the new Women & Children's Unit and felt a compelling vision is required to attract consultants to future positions.

2014.1/107 ANNUAL REPORTS 2013/14

- Health, Safety & Security Committee
- Safeguarding Adults & Children
- Security; The Director of Corporate Governance highlighted a significant improvement in the results relating to violence and aggression management in the Staff Survey, also that the Trust was in the top 10% of Trusts in the country for taking action against offenders and the 40% reduction in international violence since 2010/11. The Board also noted next year plans to provide enhanced training to staff to help them deal with confused and agitated patients. The Chair also mentioned ID badges and aggression toward car parking staff. **Action: Chair to discuss with DCG**

The Board recognised the considerable work undertaken and **RECEIVED** and **APPROVED** the Annual Reports 2013/14.

2014.1/108 INTEGRATED PERFORMANCE REPORT AND GOVERNANCE AND MONITOR LICENCE BOARD CERTIFICATES

The Board **RECEIVED** the Integrated Performance Report (IPR) in respect of the month of May 2014 which summarised the Trust's performance against all the key quality, finance, compliance and workforce targets and indicators for 2014/15. Key areas have been highlighted in the report.

QUALITY & SAFETY (Patient Safety, Effectiveness and Patient Experience)

The Director of Nursing & Quality (DNQ) provided an overview of the activity in May 2014;

- Clostridium Difficile infections have risen in May and although antibiotic therapy has been a factor in some cases, there are others where a delay in sending a sample may have meant that the infection was attributed to the Trust rather than being acquired before admission. This was a theme during 2013/14 and should be improved upon this year.
- Maternity Dashboard has shown amber for two months in a row. The dashboard is made up of a large number of indicators with the last two months being amber for smoking cessation and gestational booking date respectively; these areas have actions in place.
- Quality performance targets for 2014/15 have been agreed at a national and local level:
 - RIDDOR/SI reported falls – 15% reduction (29).
 - Grade 3 avoidable pressure ulcers – 50% reduction (9).
 - Grade 2 avoidable pressure ulcers – 30% reduction (12).
 - *Cdiff – The agreed local internal Cdiff target for 2014/15 is 30. The national externally reported target set by Public Health England is 38.
 - MSSA – 10% reduction (20).
 - Ecoli – 10% reduction (40).
- Risk Adjusted Mortality Index (RAMI) Update - The Health and Social Care Information Centre appear to have completed the review into access to the Hospital Episode Statistics (HES) and other national datasets. The information has now been released to organisations that rely on standard extracts of HSCIC data, including HES, enabling the refresh of the analytics tools that they provide for NHS customers. We are now able to report our performance against our National peers and we are maintaining good performance. However, it has affected the timeliness of the availability of data, with extended delays in the availability of the peer information.
- Safeguarding Children & Adults – There were ten adult safeguarding alerts made against the Trust during May which is an increase compared to last month; 4 of the alerts have been closed at Stage one with the other 6 pending further investigation. Key themes relate to the quality of discharge when the patient is sent home, discharge information provided, amount of care provided at home and medicines management.
- There were 6 Serious Incidents reported in May, all of which related to clinical effectiveness.
- There were 3 RIDDOR/SI reportable falls in May

- Infection Prevention & Control – showed 4 cases of C difficile, 0 cases of MRSA Bacteraemia infections, 1 case of MSSA Bacteraemia infections and 2 cases of E-coli Bacteraemia cases during May 2014
- There were 0 cases of avoidable Grade 3 pressure ulcers reported in May

The members discussed the annual target 2014/15 for MRSA screening for Elective patients which is currently set at 95% and it was queried if this could be increased to 100%. The Director of Nursing & Quality reported that she is working with commissioners to increase this to 97% next year. Elective screening continues to be an issue; this will be discussed at the Quality & Safety Committee and recommendations will be forwarded to the Trust Board. **Action: DNQ**

OPERATIONAL PERFORMANCE

The Chief Operating Officer (COO) gave an overview of the operational performance for May 2014. The Board members were briefed on the following :

A&E 4 Hour Access Standard : In May 2014, 92.04% patients were admitted or discharged within the 4 hour quality target; representing a slight drop of 0.47% compared to April. This is against a backdrop of an increase in emergency department attendances of 3.7% and non elective admissions of 8.92% in May. In comparison to May 2013 non elective admissions have increased by 8.23%. Year to date the Emergency Department attendances are 4.75% above plan and non elective admissions are 7.9% above plan. Year to Date [YTD] performance is reported as 92.27%, this is 0.27% above the Trust projected position of 92% for May.

Referral to Treatment (RTT) : Admitted - All specialties are on trajectory to achieve 18 weeks in accordance with the Remedial Action Plan. Overall, delivery will be from 1 September 2014, with the exception of Oral surgery where there is no agreed trajectory. The Trust is working with NHS England to produce a trajectory to deliver within this specialty.

The drop-in day surgery theatre is in place and operational on the Princess Royal Hospital site; it is being used to clear the backlog in Orthopaedic and Oral surgery.

Referral to Treatment (RTT) : Non admitted - The Trust delivered the overall performance of the non-admitted standard during May; however, there is still a significant backlog within Ophthalmology. A trajectory for delivery of the standard from September is now in place. This needs to be closely monitored with the CCGs.

Referral to Treatment (RTT) Clearance Times : RTT clearance times aim to indicate how long in weeks it would take to clear current patients on incomplete pathways, assuming that no new patients are added to the list. Although this is not a national target, a total clearance time of 8 weeks, and an over 18 weeks clearance time of 0.5 weeks is deemed to indicate a sustainable waiting list according to the Department of Health (DH).

As at the end of May the Trust's total clearance times were as follows:

- Admitted - 8.3 weeks
- Non- admitted – 12.5 weeks

The Trust backlog clearance times for May were as follows:

- Admitted - 1.2 weeks
- Non- admitted - 1.2 weeks

Cancer Performance : The validated position at the end of April was that the Trust failed four of the cancer standards. The unvalidated position for May indicates that the Trust failed four of the cancer standards. Further work is being undertaken to establish the reasons why and the following actions are being taken:

- Weekly cancer assurance meeting with the CCGs identifying areas for improvement;
- Cancer predictor tool to be reviewed to ensure it is fit for purpose;
- Weekly meetings between MDT coordinators and Centre teams, to improve tracking and delays in the process; June's performance is projected to be significantly better.
- Ensure that Somerset (cancer information system) is regularly updated and performance is monitored at the weekly PTL meeting;
- Discussion with the Commissioners to understand why there has been a 14% increase in the number of patients being referred on a two week wait pathway. Also non compliance of

GP's with the pathway.

The Intensive Support Team has completed a review of Radiology services and the themes include:

- The need for visibility of the 6 week diagnostic target breach date through a diagnostic patient tracking list (PTL);
- Capacity constraints in each of the modalities (e.g. ultrasound, CT etc.), detailed capacity and demand analysis is being undertaken;
- The need to develop metrics for the monitoring of service performance to include the establishment of quality indicators;
- To prioritise the electronic vetting of referrals to remove non value added tasks from the process e.g. the manual entry of data.

Following these recommendations, the Radiology department has developed an action plan, which will be updated following the Radiology Board and performance will be monitored at the monthly Cancer Board meeting.

The Chief Operating Officer also reported that the Head of Assurance has undertaken an investigation into last month's cancer breaches and made several recommendations which has been very helpful.

Dr Walford (NED) reported that the cancer pathway has been discussed at the Quality & Safety Committee and they would like a comprehensive quality matrix of the patient's journey from beginning to end. Although it is complex, a lead pathway and process is required.

The Chair suggested a separate section of future Trust Board agendas be dedicated to Cancer performance. The Board members AGREED. **Action: Committee Secretary**

Operational Resilience and Capacity Planning for 2014/15 : 'Winter Planning' has been replaced with 'System Resilience Groups' (SRG's); and resilience and capacity plans are required to be submitted to the TDA by 30 July 2014. The COO confirmed that the Board will be kept informed of progress. **Action: COO to provide update at September 2014 Trust Board**

Review of the Local Health and Social Care Economy Winter Plan : A pan Shropshire review of 2013/14 Recovery Plan and associated winter schemes was undertaken and a report submitted to the Shropshire and Staffordshire Area Team NHS England at the end of April 2014. The themes of the lessons learned included:

- Planning process to be completed by end May 2014
- Spot purchasing of beds needs to be in line with specific patient requirements rather than block booking
- Discharges need to occur at the same rate 7 days a week
- Develop trusted assessor status with care homes
- Consider alternative providers for patient transport
- The need for 7 day working 365 days of the year
- Focus on admission avoidance schemes in 2014/15
- Focus on a few high impact projects rather than multiple small ones.

Increase in ED Performance : May was a challenging month of increased demand; SATH averaged 91.5% performance in the first three weeks with over 300 attendees on both sites. Pressures were particularly felt at the Princess Royal Hospital site due to staffing challenges within the Emergency Department. The pattern of overall improvement however compared to the same period last year continues, and no 12 hour breaches occurred.

The Fit to Transfer numbers continue to increase; historically they averaged 60-70, however this has increased to 70-80. This is also compounded by the issues being experienced within Powys. These appear to be contractual and related to service provision in the community. This is not expected to improve until the autumn. A solution has been agreed that Powys will fund patients to occupy Shropshire County community

beds to relieve acute bed pressures, however these are existing and not additional beds; therefore the benefit overall is expected to be small.

Mrs Leeding (NED) enquired how SATH is coping with the additional pressures. The members were informed of plans to develop Urgent Care Centres which will provide a single front door (triage service) into care. This is more advanced for the RSH site and is hoped to be rolled out by September; the model for this will be presented to the Executive Directors within the next week. Issues for the PRH site include where this service could be located.

Following discussion, the CEO highlighted that staff are coping tremendously with the overall pressures and reported that it is a whole health economy issue which needs to be resolved with community partners. This has been raised with the TDA, and the Systems Resilience Group is now in place.

FINANCIAL PERFORMANCE

The Finance Overview highlighted:

- The Trust recorded an overspend at the end of May of £3.779m; a variance from plan of £864k.
- In the 2 months, a significant case mix issue has occurred that has meant that despite increased activity, the Trust has recorded a slight underachievement of £43k against plan.
- Pay expenditure in the month amounted to £17.8852m and after two months the pay budget has overspent by £1.37m; due to obtaining staff at a high premium rate, to cover annual leave, sickness, training, maternity leave. The levels of spending has been investigated and weekly information is produced and circulated to ward staff, the Executive team, etc, to monitor
- After 2 months, the non-pay budget recorded an underspend of £101k. The budgetary position allows for CIP savings in the opening 2 months of the year amounting to £626k.
- In setting the Cost Improvement Programme (CIP) for the year, savings have been profiled into the April and May budgets amounting to £2.431m. A review of progress suggests that savings amounting to £1.930m have been realised. It is anticipated that the Trust will fully achieve the CIP by year end.

Mrs Leeding (NED) queried what will happen if SATH continues with this trajectory. The members were informed that management have been tasked to recognise the need to remain within budget. Detailed information now exists to identify where spending at ward level deviates from budget.

Dr Walford (NED) enquired if there is a realistic sense to get the budget to balance. The members were informed that an agreed income and expenditure deficit of £8.2m has been agreed with the TDA and the CEO is optimistic to reach this at year end.

The Chair suggested that he would like to see some analysis to be assured that SATH is progressing in the right direction. The COO assured the members that all process controls are in place.

WORKFORCE

The Workforce Director (WD) introduced this section of the paper, the following points were **NOTED**:

- 48 leaders from across the organisation began their Leadership Development Programme during May. The first module focuses on self awareness and leadership behaviours.
- Centralised recruitment is now live for all non-medical roles; the centralisation of the service will bring improved governance and a streamlined process.
- Whilst slightly above target, absence continues to improve. A health and wellbeing plan is now being implemented to support employees. This includes enhanced Occupational Health services, Health and Wellbeing Roadshows and health kiosks.
- Sickness absence fell marginally to 4.02% This remains above the Trust target of 4% Appraisals remained at 84% during May for the organisation as a whole; however as a professional group, medical appraisals have increased by 4% to 89%.

The Chair thanked the Executive Team for the extraordinarily amount of hard work being undertaken.

SELF CERTIFICATIONS

The Governance and Monitor Licence Board Certifications were **APPROVED**, subject to the recorded caveat around continued support from the TDA for the finance element.

2014.1/109

TRAVEL AND TRANSPORT PLAN

The Workforce Director presented the Travel and Transport plan which highlighted that the Trust has faced continued pressures on its parking facilities, despite increases in staff parking capacity. This has led to degradation of facilities and a poor parking experience for members of staff and the public.

The plan has been designed to ultimately reduce demand for parking on both sites, support the Trust's commitments to planning approval and sustainability and to, where possible, support the health and wellbeing of Trust employees.

Proposals include:

- Promotion of flexible working options
- Improve bike facilities
- Development of pool cars
- Designated car parking for car sharers
- Bike to work
- Improved video conferencing
- Increase in staff car parking charges:
 - Pay Bands 1-3 £7.50 (unchanged)
 - Pay Bands 4&5 and F1/F2s £10.00 (increase £2.50 per month)
 - Pay Bands 6&7 £15.00 (increase £7.50 per month)
 - Pay Bands 8a-c and Registrars £20.00 (increase 10.00 per month)
 - Pay Bands 8d,9 and non- AfC and consultants £25.00 (£15.00 per month)

The Workforce Director highlighted that there is a range of issues around car parking and felt the Board should be aware of them. Staff car parking charging levels have remained the same since it was introduced 8 years ago. The proposal relating to staff car parking charges does not have any increase for Bands 1-3; however it does propose the higher earners seeing the most substantial increase. The changes are proposed from 1 August 2014. The changes have also been set at the rate of the West Midlands average.

Additional income from parking charges will be used to support better facilities for staff, to support better utilisation of technology and the organisation's cost improvement programme.

The Workforce Director highlighted the time restrictions as the Women & Children's Unit will transfer to PRH from end September and the pressure on spaces at PRH would therefore increase.

Mr Newman (NED) raised the issue of ensuring that the Board received and focused on key priorities and allowed, where appropriate, delegation to Executives.

Following discussion, the Board **RECEIVED** and **APPROVED** the Travel and Transport Plan but the Chair highlighted that future items of this nature should be presented to the Board with options and recommendations.

2014.1/110

TRUST COMMITTEE MEETINGS UPDATE

The Chair presented the following Trust Committee updates:

- **Audit Committee meeting 5 June 2014:** The summary was **NOTED**.
- **Clinical Quality & Safety (Q&S) Committee meeting 19 June 2014:** The members were informed

that one of the Committees concerns relates to the CQUIN (Commissioning for Quality and Innovation) programme for the current year has still not been agreed with local commissioners. Several million pounds of income remains uncertain until constructive dialogue with the CCGs is concluded so as to find a mutually agreeable approach. Proposals have been received from the CCG and the Executive team will discuss these as agreement is required by 30 June. The remainder of the summary was **NOTED**.

- **Hospital Executive Committee meeting 24 June 2014:** The summary was **TABLED** and **NOTED**.
- **Finance Committee meeting 24 June 2014:** The members were informed that the Committee discussed the Trust's Cost Improvement Plan; the Trust delivered £1.9m CIP savings against a plan of £2.4m. It is anticipated that the Trust will fully achieve the CIP by year end. With regard to the cash position, the Trust's liabilities are increasing and it is projected that temporary borrowing will need to be secured throughout the year. A resolution is being sought through the TDA. The remainder of the summary was **TABLED** and **NOTED**.

The Board **RECEIVED** and **REVIEWED** the Committee updates.

2014.1/111

NHS ENGLAND – HARD TRUTHS COMMITMENTS

Nursing and Midwifery Establishment Review

The Director of Nursing & Quality reported that the Care Quality Commission (CQC) and NHS England have recently issued guidance to support the implementation of the requirements set out in the National Quality Board (NQB) report "How to ensure the right people, with the right skills, are in the right place at the right time", and to deliver the commitments detailed by the Government in "Hard Truths: The Journey to Putting Patients First" in relation to publishing nurse staffing data.

It is a requirement that the Board receives a report every six months on staffing capacity and capability, which has involved the use of an evidence-based tool (where available).

In March 2014 the Safer Nursing Care Tool (SNCT) was used to review staffing in areas including Women and Children's, Critical Care and the Emergency Departments. As a result of this review, no further changes to the nursing establishment in adult inpatient wards were recommended.

The Director of Nursing & Quality reported that the overall recruitment of HCA's and registered nurses continues to be via the Trust's values-based recruitment process. Over the last 6 months (November 2014 – April 2014) the Trust has seen 103 whole time equivalent nursing and midwifery staff new starters (headcount 118). In the same time period the Trust has seen 50.75 WTE leavers from the same group (headcount 66), giving us a net gain of 52.25 WTE (headcount 52). Monthly turnover of staff over the same time period in this group has averaged 0.4% for nurses and midwives and 0.59% for HCA's.

The Board will receive the next establishment review in January 2015. **Action: DNQ January 2015**

Nursing and Midwifery Staffing Data – May 2014

NHS England and the Care Quality Commission (CQC) have issued joint guidance to Trusts on the delivery of the "Hard Truths" commitments made by the Government associated with publishing staffing data regarding nursing, midwifery and care staff levels.

From June 2014 and monthly thereafter, the Trust's staffing data will be published on its relevant hospital(s) profile on NHS Choices, in addition to other patient safety information.

Each month the Board will receive a report detailing nursing, midwifery and care staff levels for the previous month. This report will be available to the public via the Trust's internet site, together with full details of staffing on a ward by ward basis. **Action: DNQ July 2014**

Dr Walford (NED) reported that this work has been followed through the Quality & Safety Committee and the amount of work undertaken to deliver this national requirement is exhaustive. The members noted that they can see improvements being made.

The Director of Nursing & Quality thanked the Trust's Quality Manager for the Senior Nursing Team for undertaking this piece of work.

2014.1/112

The Board **RECEIVED** the reports and acknowledged the amount of work undertaken.

HR POLICIES – HR36 DISCIPLINARY POLICY

The Workforce Director presented the HR36 Disciplinary Policy which has been revised and sets out arrangements to ensure a fair, consistent and effective approach in dealing with disciplinary matters. The procedure is designed to encourage improvements in standards of conduct and behaviour and to ensure that reasonable sanctions are applied in addressing issues of staff who fail to meet standard of conduct set out in this and other Trust policies.

The Workforce Director reported that the paper reported that 'Despite extensive consultation with Staff-side, this Policy has not been jointly agreed', however, agreement has since been reached.

The Board **RECEIVED** and **APPROVED** the Policy.

2014.1/113

QUESTIONS/COMMENTS FROM THE FLOOR

- A member of the public highlighted that staff recruitment levels appear to be increasing and therefore enquired if this will have a beneficial effect on next year's finances by reducing agency costs. The Finance Director agreed that it would be sensible to recruit to posts to reduce the amount being spent on agency; and this would make a significant difference.
- The audience member also reported that although he is excited with regard to FutureFit, he has concerns regarding the finance of the homecare aspect as this is dependent on the local authority and this is funding that the CCG would normally spend on acute care. He enquired if this could be negotiated clinically through the FutureFit programme. The Chair agreed that the right approach will be supported.
- Mr Sandbach reported that he has been working on a project which involved virtual wards; and offered to brief the Chief Operating Officer on his findings.
- Mr Sandbach enquired if the officers of the CCGs had been involved in drawing up the Emergency Department option, as discussed at the last Trust Board meeting. Mr Sandbach reported that he is considering seeking a judicial review as he feels a deal has been done with the CCG; the document states that Option 4 is the Board's *preferred* option. The Chief Executive highlighted that there is no agreed option and that the process is outside the Trust's control.
- Mr Sandbach enquired if the PRH A&E Department had 5 locum junior staff on duty during the last weekend period; the COO confirmed that the department had 4 locum junior doctors on duty, which highlighted the clinical sustainability concerns.
- Mr Sandbach reported an instance of a patient being discharged from the A&E Department without having an x-ray; the doctor did not add their GMC number to the request and discharged the patient; the patient was however picked up at review on the Monday morning. Mr Sandbach suggested closing the A&E Department if sufficient staff are not on duty. The COO confirmed that she was unable to respond to the specific case as she did not have the information available.
- Mr Jones, PALS Volunteer, reported that he has spent a lot of time in the hospital over the past month and has received a higher number of complaints than usual. The PALS team have been able to deal with the majority of complaints; however some may progress to a higher level. The Chair asked Mr Jones to let him know if a pattern of events appears.

The Chair thanked the members of the public for their comments.

2014.1/114

DATE OF NEXT MEETING

Formal Board Meeting – Thursday 31 July 2014 at 10.00 am in the Seminar Rooms 1&2, Shropshire Education & Conference Centre, Royal Shrewsbury Hospital.

The meeting then closed.

MATTERS ARISING FROM THE PUBLIC TRUST BOARD MEETING ON 26 JUNE 2014

Item	Issue	ACTION OWNER	DUE DATE
2014.1/099	Declaration of Interests CS to update the register to reflect CEO changes	CS	31 July 2014
2014.1/101	Matters Arising from Formal Board held 29 May 2014: People Strategy WD and Head of OD to present on workforce transformation CEO Overview – Financial Performance Chair & CEO to identify maintenance of trajectory and getting staff psychology right	WD Chair/CEO	31 July 2014 17 Sept 2014 Board Development Day
2014.1/103	CHKS Top 40 Hospitals Award DCG to circulate additional documentation received to Board members	DCG	31 July 2014
2014.1/107	Annual Reports 2013/14 – Security To discuss ID badges and aggression toward car parking staff	Chair / DCG	31 July 2014
2014.1/108	IPR – Quality & Safety To provide an update to Trust Board regarding MRSA screening for Elective patients, following discussion at Q&S Committee	DNQ	25 Sept 2014
2014.1/106	IPR – Operational Resilience & Capacity Planning for 2014/15 To provide an update to Trust Board following resilience and capacity plans submission to TDA by 30 July 2014	COO	25 Sept 2014
2014.1/111	NHS England – Hard Truths Commitments Nursing & Midwifery Establishment Review To provide an establishment review on a 6-monthly basis Nursing & Midwifery Staffing Data To provide an updated report on a monthly basis	DNQ DNQ	29 Jan 2014 31 July 2014